

# MAINE PUBLIC HEALTH ALERT NETWORK SYSTEM

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*Maine Department of Health and Human Services  
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***\*\*ADVISORY – Important Information\*\****

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**2011PHADV012**

**TO:** All Academic, All Epidemiologists, HETL, All Local Public Health Liaisons, All Childcare, City and County Health Departments, All Healthcare, Lab Facilities, County EMA Directors, Northern New England Poison Center, Public Health - Required, Public Health Nursing, EMS, All RRCs

**FROM:** Dr. Sheila Pinette, Director - Maine CDC  
Dr. Stephen Sears, State Epidemiologist

**SUBJECT:** **Increase in Pertussis - Maine, July 28, 2011**

**DATE:** July 28, 2011

**TIME:** 3:45pm

**PAGES:** 2

**PRIORITY:** Low

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Maine Center for Disease Control and Prevention (Maine CDC)  
(Formerly Bureau of Health)

## **Increase in Pertussis – Maine, July 28, 2011**

**Background:** During January 1- July 22, 2011, 72 pertussis cases were reported to Maine CDC, compared to 20 pertussis cases reported for the same time period in 2010. Clusters of pertussis cases have been reported in schools, camps, sport teams and workplaces with the largest number of clusters identified in Penobscot county. Cases range in age from 1 month to 79 years. One infant has recently been hospitalized with life threatening symptoms.

Pertussis is a highly communicable, vaccine-preventable disease that can last for many weeks. It is transmitted through direct contact with respiratory secretions of infected persons. Symptoms include cough, paroxysms, whoop, and post-tussive vomiting. Pertussis can cause serious illness in infants, children and adults and can even be life-threatening, especially in infants. More than half of infants less than 1 year of age who get pertussis must be hospitalized.

Maine CDC investigates every confirmed case of pertussis to determine their close contacts and activities. Outbreak control in settings such as class rooms or camps is based on excluding confirmed cases and symptomatic close contacts, as well as prophylaxis of individuals considered at risk of illness. Maine CDC monitors for transmission of infection within defined settings. Expanding prophylaxis recommendations may occur as new cases are identified in a group setting. **The priority of investigations and disease control is to prevent illness in all age groups especially infants.**

### **Clinicians are encouraged to:**

1. Consider pertussis when evaluating any patient with an acute illness characterized by cough >2 weeks in duration, or cough with paroxysms, whoop, or post-tussive vomiting. Infants may present with apnea and/or cyanosis and have an increased risk of hospitalizations.
2. Test persons who exhibit symptoms consistent with pertussis. Collect specimen with a nasopharyngeal swab. The Maine CDC's Health and Environmental Testing Laboratory (HETL) analyzes specimens by culture and polymerase chain reaction (PCR). Affiliated Laboratory Inc. in Bangor performs pertussis testing as well. Information on HETL's testing is available at [www.maine.gov/dhhs/etl/micro/submitting\\_samples.htm](http://www.maine.gov/dhhs/etl/micro/submitting_samples.htm)
3. Check patients immunization record to make sure their pertussis vaccine is up to date. All children should receive a series of DTaP at ages 2, 4, 6, months and 15-18 months and a booster dose at 4-6 years of age. In response to increased incidence of pertussis in the U.S., new recommendations include:
  - Adolescents should receive a one-time dose of Tdap instead of Td at the 11 – 12 years-old visit.
  - Adolescents and adults younger than 65 years who have not received a dose of Tdap should receive a one-time dose.
  - Children ages 7-10 years who did not complete a series of pertussis containing vaccines before their seventh birthday should receive a one-time dose of Tdap.
  - Adults 65 years or older who have close contact with infants; it is recommended they receive a one-time dose of Tdap to prevent possible transmission.

**For More Information:** Disease reporting or consultation is available by calling Maine CDC at **1-800-821-5821**.